



**RWANDA FDA**  
Rwanda Food and Drugs Authority  
P.O. Box 1948 Kigali  
[info@rwandafda.gov.rw](mailto:info@rwandafda.gov.rw)  
[www.rwandafda.gov.rw](http://www.rwandafda.gov.rw)

QMS N<sup>o</sup>: DIS/CKL/069  
Revision No: 1  
Effective Date: 21/02 2022  
Ref. Doc: Guidelines  
DIS/GDL/005

<b>V. REQUIREMENTS FOR PREMISE REGISTRATION OF WHOLESALE/ RETAIL OF FOOD SUPPLEMENTS AND/OR INFANT FORMULA</b>				New application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Change ownership <input type="checkbox"/>	Change technician <input type="checkbox"/>	Change location <input type="checkbox"/>	Additional branch <input type="checkbox"/>
Documents		YES	NO						
Premise name : .....									
Date : .../.../.....									
1	Application letter addressed to Director General			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A duly filled application form for premises registration of food premise.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of RDB			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The copy of Identity Card/Passport of the owner			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Lease contract of the premise at least one year (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Proof of payment of the prescribed fees to Rwanda FDA Accounts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A Degree of Responsible Technician (notarized) or equivalent degree of technician (notarized) if granted abroad (notarized)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A Valid License to Practice the Profession of Responsible Technician (notarized)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	A Curriculum Vitae of the Responsible Technician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Commitment letter of the Responsible Technician.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Signed Professional agreement/ Contract			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The Identity Card/Passport of the Responsible Technician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Recent photo passport of the Responsible Technician			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Original license			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doc. No.: DIS/GDL/005	Revision Date: 29/9/2021	Review Due Date: 20/02/2025
Revision No.: 1	Effective Date: 20/02/2022	